

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	D.P.	20205	9-1-99
O.I.P.E. CLASSIFIER		49	9/3/99
FORMALITY REVIEW	W 04	71423	9-9-99 10-15-99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	6/29/99 ✓ 10/24/99
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15	✓
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18	✓
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25	✓
26	✓
27	✓
28	✓
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31	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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